



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

P. O. Box 2014
Frankfort, KY 40622

TC 96-167
Rev: 2/ 2013

AFFIDAVIT FOR REPLACEMENT OR NON-EXCHANGE

Affidavit for Replacement County: _____

I CERTIFY THAT MY

- ☐ Certificate of Title
☐ Certificate of Registration
☐ Registration Plate
☐ Decal

IS

- ☐ Lost
☐ County Change
☐ Stolen
☐ Destroyed
☐ Rusted
☐ Other _____

Describe

I hereby request a replacement for Title, Registration Plate or Decal Number _____
KRS 186.180

WARNING:

KRS 186A.990 states that any person knowingly giving false information in connection with an application for registration or title shall be guilty of forgery in the second degree.

Signature of Owner _____ I.D. (SSN or DLN) _____

Signature of Owner _____ I.D. (SSN or DLN) _____

Print Owner(s) Name _____

Street Address _____

Notary for Replacement:

City _____ State _____ Zip Code _____

Subscribed and attested before me on this date ____ MM ____ DD ____ YY. My Commission expires ____ MM ____ DD ____ YY.

Attesting Official or Notary Signature and Title _____

Affidavit for Non-Exchange County: _____

Administrative Regulation 601 KAR 9:135

Title or Registration CTL # _____

I certify based upon the following title action: ☐ Repo ☐ Junked Vehicle ☐ Salvage Title ☐ Title Only Transfer
or Registration action: ☐ Plate Replacement ☐ Vehicle Type Conversion ☐ Weight Change ☐ Registration
Conversion ☐ Renew Conversion ☐ Registration Cancel, that the **License Plate** assigned to the motor vehicle herein:
VIN _____ Plate _____

and Decal _____ described and currently registered in the Commonwealth of Kentucky does not
accompany the associated documents related to the aforementioned action because of the following non-exchange
reason.

☐ Lost ☐ Stolen ☐ Destroyed ☐ Special Plate ☐ Out of State ☐ Other _____
Describe

Signature or Authorized Representative _____ I.D. (SSN or DLN) _____

Owner (s) Signature _____ I.D. (SSN or DLN) _____

Name of Company or Dealership _____

Printed Owner(s) Name _____

Lending Institution _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Notary for Non-Exchange:

Subscribed and attested before me on this date ____ MM ____ DD ____ YY. My Commission expires ____ MM ____ DD ____ YY.

Attesting Official or Notary Signature and Title _____